



U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

REQUEST FOR CONTINUED EXAMINATION (RCE)

TRANSMITTAL FORM (37 C.F.R. § 1.114)

DOCKET NO.
10191/2007

APPLICATION SERIAL NO.
09/944,915

EXAMINER
Michael J. PYZOCHA

ART UNIT
2137

Applicant(s):
Andreas WESTENDORF et al.

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

This is a **request for continued examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. 09/944,915, filed on August 31, 2001, entitled **DATA TRANSMISSION METHOD**.

The following constitute the submission **required** by 37 C.F.R. § 1.114(a) and is attached:

- ☒ Reply AMENDMENT AFTER A FINAL OFFICE ACTION (of 9/1/06)
☐ Information Disclosure Statement
☐ Drawing Changes
☐ Other Submission: _____

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached Amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

| | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT NUMBER EXTRA | RATE (\$) PER CLAIM | FEE (\$) |
|---|-------------------------------------|-------|---|----------------------------|---|---------------|
| BASIC FEE | | | | | | 790.00 |
| TOTAL CLAIMS | 24 | 20 | 24 | 0 | 50.00 | 0.00 |
| INDEPENDENT CLAIMS | 7 | 3 | 5 | 2 | 200.00 | 400.00 |
| MULTIPLE DEPENDENT CLAIM | | | | | 300.00 | |
| | | | | | Number extra must be zero or larger | TOTAL 1190.00 |
| If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here. | | | | | SMALL ENTITY TOTAL | |
| Express Mail No. EV 839708446 US | | | | | | |

2. Please charge the required RCE and submission filing fee of **\$1,190.00** to the deposit account of **Kenyon & Kenyon LLP**, deposit account number **11-0600**.
3. While no extension fees are believed to be due, the Commissioner is hereby authorized, as necessary and/or appropriate, to charge payment of any other fees (including any additional claim fees and/or extension fees) required, associated with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account number **11-0600** of **Kenyon & Kenyon LLP**.
4. **A duplicate copy of this Transmittal Form is enclosed for the above purposes.**

Dated: 12/1/2006

Respectfully submitted,

By: 

Gerard A. Messina, Reg. No. 35052

KENYON & KENYON LLP
One Broadway
New York, New York 10004
(212) 425-7200 (telephone)
(212) 425-5288 (facsimile)

CUSTOMER NO. 26646